

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-2300

FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.emt.mt.gov

FEES:

\$15.00 – Application Fee (*regardless of how many verifications are attached to the application*)

Make check or money order payable to the Montana Board of Medical Examiners

APPLICATION PROCEDURES: When the application is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

PROCESSING PROCEDURES: Once an application is complete, the application takes 30 working days to process from the time it is received in the Board office. The applicant will be notified in writing of any deficient or missing items from the application submitted.

Any questions with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2300 or e-mail us at dlibsmed@mt.gov

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-2300

FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.emt.mt.gov

Instructions for completing an Electronic Application to Conduct Training

1. All applications for training must be submitted electronically via email
2. Applications received will be provided a temporary "Course ID number" for reference purposes (*please utilize this course ID number on all correspondence*).
3. Process for submitting an **ORIGINAL** Course Application:
 - a. Complete and attach electronic application and email to kthreet@mt.gov
 - b. Once received, an email will be returned (*to the email address identified on the application*) providing you a temporary Course ID number
 - c. Place the temporary Course ID number on your check for review of your course and mail to: Montana Board of Medical Examiners, PO Box 200513, 301 South Park Avenue 4th Floor, Helena, Montana 59620-0513.

Note: Do not mail your payment without a Course ID number, it is almost impossible to assure your payment and course will match up without it; delaying any review of your course and delaying your proposed starting date.
 - d. Once the payment has been received the application will begin the review process, be sure to allow enough time before beginning your classes (*I'd suggest 30 days*). Your course may not begin until it is approved. Your approval will be emailed to you.
4. Process for **AMENDING** an approved Course Application:
 - a. Using your saved original application, open it, make the necessary changes (*location of course, changes to dates or completed your roster of students*), save the amended application (*under a different file name*) and email to kthreet@mt.gov.
 - b. Be sure to identify "amended application" on the top of every page.
5. Process for submitting your **POST** Course Application:
 - a. Using your saved original or amended application, open it, make the necessary changes, save the post course application and email it to kthreet@mt.gov.
 - b. Be sure to identify "post course" on the top of each page.

IMPORTANT:

- Remember to save your original, amended and post course applications with a different name (*otherwise the original will be over written*).
- Allow enough time for your check and the application to be reviewed and approved, courses may not begin without approval.
- Remember to provide your successful students a certificate or letter of course completion; they will be required to provide a copy with their application for Montana EMT licensure. Make sure your certificate or letter makes reference to the approved course ID number and ending date of course.
- Only students that have successfully completed your course (*and your course is closed*) are allowed to sit for the NREMT examination (*written or practical*).

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513

301 South Park Avenue 4th Floor

Helena, Montana 59620-0513

PHONE: 406-841-2300

FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.emt.mt.gov

Electronic Application to Conduct Training:

EMR EMT AEMT Paramedic

LEAD INSTRUCTOR INFORMATION

1. FULL NAME: (last, first, middle)

2. E-MAIL ADDRESS:

3. TELEPHONE: Business () Home: () Fax: ()

4. LEVEL OF LICENSE EMTR EMT AEMT PARAMEDIC
 PHYSICIAN PHYSICIAN-ASSISTANT

5. LICENSE NUMBER:

By submitting this application electronically I attest that the information contained in this application for course approval is accurate and complete. I will assure that the course and every instructor utilize National Standard Curricula (NSC) while instructing and the NSC course guidelines will be utilized and I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions for course approval and conducting the course. By submission of this application I take full responsibility for the offering of the identified course.

Attachment: **Student Roster**

Original Application **Amended** **Application #** **Post Course**

Instructions: Insert name, social security number and date of birth for each student or identify maximum number of students to be allowed in course.

If you identify “maximum number of students” complete this attachment and email it to the office after first day of class. **Be sure to insert course approval number in box provided at the top of the page.**

	NAME (first last)	SOCIAL SECURITY NUMBER*(opt)	Pass/Fail/Drop /incomplete
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

-OR-

Maximum number of students to be allowed in this course

Attachment: Course Location

Original Application Amended Application # Post Course

Location where the classroom portion will be held: (lecture)

Name of Location:

Address:

City:

State:

Phone at location:

Location where skills portion will be conducted: (lab)

Same as lecture (if checked leave this section blank)

Name of Location:

Address:

City:

State:

Phone at location:

Location where scenarios will be conducted:

Same as lecture (if checked leave this section blank)

Name of Location:

Address:

City:

State:

Phone at location:

Clinical / Internship locations:

C or I	NAME of FACILITY	ADDRESS	Contact Person	Phone Number

Attachment: Equipment

Original Application **Amended** **Application #** **Post Course**

Number of Jump-kits available to the course?
("Jump-kit" means necessary equipment to assess and conduct life saving procedures)

Number of spinal immobilization kits available to the course?
("Spinal immobilization kit" means a spinal device, securing devices and head immobilization devices)

Number of oxygen kits available to the course?
("Oxygen kit" means an oxygen administration set including, bottle, regulator, key, administration devices)

Number of splinting kits available to the course?
("Splinting kit" means an assortment of splinting materials, to include soft, ridge, air/vacuum and traction)

Number of ambulances available to the course?
("Ambulance" means an operational ambulance that students can have access to and train in/with)

YES NO Do you have didactic instructional material available to the course?
("Didactic material" means operational computer, projector, Power Point software, etc)

YES NO Do you own the equipment identified above?

AEMT & Paramedic courses:

Number of simulated Medications kits available to the course?
("Medication-kit" means a selection of expired or simulated medications required for the level of the course, AEMT or Paramedic)

Paramedic courses only:

Number of ALS Simulated Manikin(s) available to the course?
("Simulated Manikin" means a method to simulate ALS resuscitation procedures)

Attachment: Course Policies

Original Application Amended Application # Post Course

Instructions: Review and answer all questions identified below, be prepared to submit copies if requested during the review of your application.

For ALL courses:

Do you have a written policy on the security of confidential student records and could provide a copy if requested?

YES NO

Do you have a written ADA policy as it relates to your course and could provide a copy if requested?

YES NO

Do you have a written policy defining the evaluation methods to be used in evaluating your students during the course and could provide a copy if requested?

YES NO

Do you have a written description of what role your medical director will have during the course and could provide a copy if requested?

YES NO

For only AEMT and Paramedic courses:

Do you have a written schedule for your students to obtain and sign up for clinical experiences and could you provide a copy if requested?

YES NO

Do you have a written schedule for your students to obtain and sign up for field internship experiences and could you provide a copy if requested?

YES NO

Do you have a written agreement for services with the agency(s) providing clinical opportunities and could you provide a copy if requested?

YES NO

Do you have a written agreement for services with the agency(s) providing field internship opportunities and could you provide a copy if requested?

YES NO

Have you conducted an educational program for all identified clinical preceptors to be assured they understand their role as a clinical preceptor and are knowledgeable as to the scope of practice of the students they are precepting; and could you provide a syllabus of that training and a list of those attending if requested?

YES NO

Original Application Amended Application # Post Course

**EMR COURSE COMPLETION
& SKILLS VERIFICATION**

All students identified as passing the course, have successfully* completed the course and has demonstrated proficiency in performing at least the following skills:

- Bag-Valve-Mask (single & two rescuer)
- Extremity Immobilization (long bone, joint & traction)
- Assessment of a trauma patient (Adult & pediatric)
- Assessment of a medical patient (Adult & Pediatric)
- Management of a cardiac arrest patient including the use of a semi-automatic defibrillator
- Spinal Immobilization (seated & supine)
- Bleeding control & shock management (including tourniquet usage)
- Upper airway adjuncts & suction
- Mouth-to-Mask with supplemental oxygen
- Supplemental oxygen administration
- Assisted use of an Inhaler, Auto-Injector (EPI), Glucose, Activated Charcoal & Nitroglycerin (tablet & spray) and aspirin

Lead Instructor:

(Printed Name)

(Date)

All documentation that assures successful completion of the items above must be maintained by the lead instructor and can be provided if the course is audited. Skill documentation must be completed on the forms required by the training program and must include as a minimum: date, time, procedure completed, and signature (or initial) of the preceptor.

Attachment: **POST COURSE: EMT Skills Verification**

Original Application Amended Application # Post Course

EMT SKILLS VERIFICATION

All students identified as passing the course, has demonstrated proficiency in performing at least the following skills:

- Bag-Valve-Mask (single & two rescuer)
- Extremity Immobilization (long bone, joint & traction)
- Assessment of a trauma patient (Adult & pediatric)
- Assessment of a medical patient (Adult & Pediatric)
- Management of a cardiac arrest patient including the use of a semi-automatic defibrillator
- Spinal Immobilization (seated & supine)
- Bleeding control & shock management (including tourniquet usage)
- Upper airway adjuncts & suction
- Mouth-to-Mask with supplemental oxygen
- Supplemental oxygen administration
- Assisted use of an Inhaler, Auto-Injector (EPI), Glucose, Activated Charcoal & Nitroglycerin (tablet & spray) and aspirin
- Automated B/P device
- Utilization of a glucometer and pulse oximeter
- CPAP not to exceed 10cm of H2O

Lead Instructor:

(Printed Name)

(Date)

All documentation that assures successful completion of the items above must be maintained by the lead instructor and can be provided if the course is audited. Skill documentation must be completed on the forms required by the training program and must include as a minimum: date, time, procedure completed, and signature (or initial) of the preceptor.

Original Application Amended Application # Post Course

EMT Clinical Verification

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course.

If the program is unable to achieve the requirements on live patients, alternative learning experiences (simulations, programmed patient scenarios, etc.) can be developed. If alternatives to live patient contact are used, the program should increase the number of times the skill must be performed to demonstrate competence and document it on this form.

Programs are encouraged to adjust these requirements based on a thorough program evaluation.

EMT programs must assure that the student completes, a minimum, of ten hours of observational time with an ambulance service. An alternative patient care setting may be used if an EMS is not readily available.

All students identified as passing the course, have successfully* completed the clinical requirements as identified below and I can provide individual documentation if audited. As Lead Instructor I affirm that the clinical portions of the program have completed by all students identified as successfully completing the course.

Lead Instructor:

(Printed Name)

(Date)

PSYCHOMOTOR SKILLS

- The student must observe patient care contacts by licensed personnel in the out-of-hospital environment.** *The student should observe patient care on at least 5 patients.*
- The student must demonstrate the ability to perform an assessment on adult patients.** *The student should perform a patient assessment on at least 5 adult patients.*

All the clinical documentation that assures successful completion of the items above must be provided to the lead instructor and retained. Clinical documentation must be completed on the clinical forms required by the training program and must include as a minimum: date, time, procedure completed, location clinical was completed (unit, facility, etc) and signature (or initial) of the preceptor.

Attachment: POST COURSE: AEMT Skills Verification

Original Application Amended Application # Post Course

AEMT Skills Verification

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course.

If the program is unable to achieve the requirements on live patients, alternative learning experiences (simulations, programmed patient scenarios, etc.) can be developed. If alternatives to live patient contact are used, the program should increase the number of times the skill must be performed to demonstrate competence and document it on this form.

Programs are encouraged to adjust these requirements based on a thorough program evaluation.

All students identified as passing the course, have successfully completed the skill requirements as identified below and I can provide individual documentation if audited. As Lead Instructor and Medical Director, we affirm that the skill portions of the program have completed by all students identified as successfully completing the course.

- All EMT skills (see skill verification form)
- Insertion of a King Airway
- Administration of self-administered nitrous oxide)
- Administration of all medications within scope of practice
- Initiation and maintenance of peripheral IV sites, including I/O
- Initiation and maintenance of non-medicated IV fluids

Lead Instructor:

(Printed Name) (Date)

Medical Director:

(Printed Name) (Date)

All the documentation that assures successful completion of the items above must be provided to the lead instructor and retained. All documentation must be completed on forms required by the training program and must include as a minimum: date and signature (or initial) of the skills instructor.

Original Application Amended Application # Post Course

AEMT Clinical Verification

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course.

If the program is unable to achieve the requirements on live patients, alternative learning experiences (simulations, programmed patient scenarios, etc.) can be developed. If alternatives to live patient contact are used, the program should increase the number of times the skill must be performed to demonstrate competence and document it on this form.

Programs are encouraged to adjust these requirements based on a thorough program evaluation.

All students identified as passing the course, have successfully completed the clinical requirements as identified below and I can provide individual documentation if audited. As Lead Instructor and Medical Director, we affirm that the clinical portions of the program have completed by all students identified as successfully completing the course.

PSYCHOMOTOR SKILLS:

The student must demonstrate the ability to safely administer medications within their scope of practice.

The student should safely, and while performing all steps of each procedure, properly administer medications at least 10 times to live patients.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 15 times on live patients of various age groups.

The student must demonstrate the ability to effectively ventilate un-intubated patients of all age groups.

The student should effectively, and while performing all steps of each procedure, ventilate at least 15 live patients of various age groups.

The student must demonstrate the ability to perform a comprehensive medical assessment on patients.

The student should perform an advanced patient assessment on at least 15 adult patients and 5 pediatric patients.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.

The student should perform an advanced patient assessment on at least 10 trauma patients.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with chest pain.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 adult patients and 3 pediatric patients with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.

The student should perform an advanced patient assessment, formulate and implement a treatment plan on at least 10 patients with altered mental status.

The student must demonstrate the ability to serve as a team leader in variety of pre-hospital emergency situations.

The student should serve as the team leader for at least 20 pre-hospital emergency responses.

Lead Instructor:

(Printed Name) (Date)

Medical Director:

(Printed Name) (Date)

All the clinical documentation that assures successful completion of the items above must be provided to the lead instructor and retained. Clinical documentation must be completed on the clinical forms required by the training program and must include as a minimum: date, time, procedure completed, location clinical was completed (unit, facility, etc) and signature (or initial) of the preceptor.

Attachment: **POST COURSE: PARAMEDIC Clinical Verification**

Original Application **Amended** **Application #** **Post Course**

Paramedic Clinical Verification

The following goals must be successfully accomplished within the context of the learning environment. Clinical experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course.

If the program is unable to achieve the requirements on live patients, alternative learning experiences (simulations, programmed patient scenarios, etc.) can be developed. If alternatives to live patient contact are used, the program should increase the number of times the skill must be performed to demonstrate competence and document it on this form.

Programs are encouraged to adjust these requirements based on a thorough program evaluation.

All students identified as passing the course, have successfully completed the clinical requirements as identified below and I can provide individual documentation if audited. As Lead Instructor and Medical Director, we affirm that the clinical portions of the program have completed by all students identified as successfully completing the course.

PSYCHOMOTOR SKILLS:

The student must demonstrate the ability to safely administer medications.

The student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.

The student must demonstrate the ability to safely perform endotracheal intubation.

The student should safely, and while performing all steps of each procedure, successfully intubate at least 5 live patients.

The student must demonstrate the ability to safely gain venous access in all age group patients.

The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.

The student must demonstrate the ability to effectively ventilate un-intubated patients of all age groups.

The student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups.

The student must demonstrate the ability to perform a comprehensive assessment on pediatric patients.

The student should perform a comprehensive patient assessment on at least 30 (including newborns, infants, toddlers, and school age) pediatric patients.

The student must demonstrate the ability to perform a comprehensive assessment on adult patients.

The student should perform a comprehensive patient assessment on at least 50 adult patients.

The student must demonstrate the ability to perform a comprehensive assessment on geriatric patients.

The student should perform a comprehensive patient assessment on at least 30 geriatric patients.

The student must demonstrate the ability to perform a comprehensive assessment on obstetric patients.

The student should perform a comprehensive patient assessment on at least 10 obstetric patients.

The student must demonstrate the ability to perform a comprehensive assessment on trauma patients.

The student should perform a comprehensive patient assessment on at least 40 trauma patients.

The student must demonstrate the ability to perform a comprehensive assessment on psychiatric patients.

The student should perform a comprehensive patient assessment on at least 20 psychiatric patients.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 10 patients with syncope.

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with abdominal complaints (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

The student must demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.

The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.

The student must demonstrate the ability to serve as a team leader in variety of pre-hospital emergency situations.

The student should serve as the team leader for at least 50 pre-hospital emergency responses.

Lead Instructor:

(Printed Name) (Date)

Medical Director:

(Printed Name) (Date)

All the clinical documentation that assures successful completion of the items above must be provided to the lead instructor and retained. Clinical documentation must be completed on the clinical forms required by the training program and must include as a minimum: date, time, procedure completed, location clinical was completed (unit, facility, etc) and signature (or initial) of the preceptor.